

UNIFORM NOTIFICATION FORM FOR MULTI-LEVEL DISTRIBUTION COMPANIES WITH A MONTANA PARTICIPANT

(An initial notification form must be accompanied by completed schedules A & B and a consent to service of process)

This filing is: ☐ an initial notification ☐ an amendment

| | | |
|---|-----------------------------|---------------------|
| 1. Company name: | | |
| 2. Name under which business is conducted, if different: | | |
| 3. If company or business name is being amended, give previous name: | | |
| 4. Corporate address – Do not use PO box: (City) (State) (Zip) | | |
| 5. Mailing address (if different): (City) (State) (Zip) | | |
| 6. Telephone number at this location: () - | 7. e-mail address: | 8. Web site URL: |
| 9. State of domicile: | 10. State of Incorporation: | 11. Date of Incorp. |

Execution

Both the undersigned and the above named multi-level distribution company represent that the information and statements contained herein, including attached schedules, exhibits and other information filed herewith, are current, true, and complete. Both parties further represent that, to the extent that any information previously submitted is not amended, such information is currently accurate and complete.

| | | |
|----------------------|---|-----------------|
| Date: | Name of multi-level distribution company: | By: (Signature) |
| Type name and title: | | |

Note: *The company is required by law to file an amendment with the State Auditor's Office each time there is a material change to the information contained within this form.*

Orig. 9/99

**Schedule A of
Form MLD**

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|---|-------|
| Name of Multi-Level Distribution Company: | Date: |
|---|-------|

1. List below all individuals who have direct responsibility for the management of the Multi-Level Distribution Company. Also include each beneficial owner having the power to vote or dispose of 10% or more of a class of equity securities of the Company:

| | | |
|--|---------------------------------------|----------------------|
| Full legal name: | Title : | Date title acquired: |
| SSN <u>OR</u> Date of Birth & State of Residence | Mailing address: (city) (State) (Zip) | |

| | | |
|--|---------------------------------------|----------------------|
| Full legal name: | Title : | Date title acquired: |
| SSN <u>OR</u> Date of Birth & State of Residence | Mailing address: (city) (State) (Zip) | |

| | | |
|--|---------------------------------------|----------------------|
| Full legal name: | Title : | Date title acquired: |
| SSN <u>OR</u> Date of Birth & State of Residence | Mailing address: (city) (State) (Zip) | |

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|--|---------------------------------------|----------------------|
| Full legal name: | Title : | Date title acquired: |
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|--|---------------------------------------|----------------------|
| Full legal name: | Title : | Date title acquired: |
| SSN <u>OR</u> Date of Birth & State of Residence | Mailing address: (city) (State) (Zip) | |

| | | |
|--|---------------------------------------|----------------------|
| Full legal name: | Title : | Date title acquired: |
| SSN <u>OR</u> Date of Birth & State of Residence | Mailing address: (city) (State) (Zip) | |

Schedule B of Form MLD

| | |
|---|-------|
| Name of Multi-Level Distribution Company: | Date: |
|---|-------|

1. Provide a detailed description of the levels of distribution in the multi-level distribution company, the manner of compensating participants, and the compensation structure of the marketing plan. Attach a copy of all marketing material provided to new participants regarding applicant's program.

[illegible]

UNIFORM CONSENT TO SERVICE OF PROCESS

KNOW ALL PEOPLE BY THESE PRESENTS:

That the undersigned _____, organized under the laws of _____ for purposes of complying with the laws of the State of Montana relating to either the sale, distribution or supplying of goods or services through independent agents, contractors, or distributions at different levels of distribution through a multilevel distribution company, hereby irrevocably appoints the Montana State Auditor and successors in such office, its attorney in the State of Montana upon whom may be serviced any notice, process, or pleading in any action or proceeding against it arising out of, or in connection with, the sale, distribution or supplying of goods or services through a multilevel distribution company or out of violation of the aforesaid laws of the State of Montana; and the undersigned does hereby consent that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within Montana by service of process upon the officers so designated with the same effect as if the undersigned was organized or created under the laws of that State and have been served lawfully with process in that State:

The Company requests that a copy of any notice, process or pleading served hereunder be mailed to the Company or its agents at the following address:

Name

Address

Dated this _____ day of _____, 20____

By: _____

Title: _____

By: _____

Title: _____

Orig. 9/99

STATE AUDITOR'S OFFICE AGENT FOR SERVICE OF PROCESS FACT SHEET

The State Auditor of Montana acts as the ex-officio Insurance Commissioner and Securities Commissioner. The State Auditor is charged with the duties of regulating the insurance and securities industry in Montana. Pursuant to Montana statutes, the Auditor, in performing those duties, shall act as the Agent for Service of Process under certain circumstances.

The following information is being provided to you as a basis for effectuating Service of Process through the State Auditor.

WHAT ENTITIES DOES THE COMMISSIONER ACT AS AGENT FOR?

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|---|---|
| <ul style="list-style-type: none"> ✓ All insurance companies doing business in MT ✓ Non-resident insurance producers (agents) ✓ Montana Guaranty Associations ✓ Risk retention and purchasing groups registered in MT ✓ All securities issuers registered or notice filed with the Montana Securities Department | <ul style="list-style-type: none"> ✓ All broker/dealer firms doing business in MT ✓ All investment advisory firms doing business in MT ✓ All securities salespersons doing business in MT ✓ All licensed firms and persons offering or selling living trusts in Montana ✓ All multi-level distribution companies doing business in Montana |
|---|---|

WHAT ITEMS NEED TO BE SENT TO THE COMMISSIONER?

- ✓ Duplicate (two) **copies** of all service of process. Original summons not needed.
- ✓ \$10.00 service fee per insurance company made payable to the Commissioner of Insurance. (Not applicable to securities services)
- ✓ Specific company name. The commissioner cannot accept service for a group of companies.
- ✓ One signed original and one copy of the notice and acknowledgement of service by mail.**

HOW IS SERVICE DELIVERED TO THE COMMISSIONER?

- ✓ U.S. Mail**
- ✓ Sheriff's Office
- ✓ Process Server
- ✓ Personal Delivery
- ✓ Levying Officer

WHAT MONTANA CODE SECTIONS PERTAIN TO SERVICE OF PROCESS?

| | |
|--|---|
| Sections: 33-1-601 33-1-603 33-11-104(1)(c) 33-11-108(2) 33-17-405 30-10-208 30-10-908 30-10-326 25-10, MCA, Rule 4D generally, and 4D(4) | Commissioner – Attorney for Service of Process (insurance companies) Serving process – time to plead, costs (insurance companies) Risk retention groups not chartered in Montana Notice and registration requirements of purchasing groups Commissioner – Attorney for service of process (non-resident producers) Serving process – broker/dealers; investment advisors; multi-level distribution companies; securities salespersons. Serving process – living trust Consent to Service – multi-level distribution company Montana Rules of Civil Procedure concerning service of process. |
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**If items are delivered through the U.S. mail, they must be accompanied by one signed original and one copy of the notice of acknowledgement of service by mail.